

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____
FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	D EP.	IND.	DEP.
1	/					
2	/					
3	/					
4	8					
5	8					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8		↓		↓	
TOTAL D EP.	9		→		→	
TOTAL CLAIMS	17					

#	IND.		D EP.		#	IND.		D EP.		#
	D O	D P	D O	D P		D O	D P	D O	D P	
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
TOTAL IND.			↓		↓					
TOTAL D EP.			→		→					
TOTAL CLAIMS										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS